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| FORM  |   |                     | First Named Inventor   | Chisato HIRATA  |                  |  |                                  |  |
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|   |   |                     | Examiner Name          | Tri M. MAI  |                  |  |                                  |  |
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| ENCLOSURES (Check all that apply)  After Allowance communication  |   |                     |                        |   |                  |  |                                  |  |
|   | Fee Transmittal Form  Fee Attached  |                     |                        | Drawing(s) Licensing-related Papers   | Ap of A          | J to Group  Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group |                                  |  |
| Expres:   | Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement |                     |                        | Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s) | ess Ctr          | prietary Information tus Letter er Enclosure(s) (please nitify below): o. 160050 for 215.00          |                                  |  |
| Docum Respor  | ise to Missi<br>lete Applica<br>Response  | ng Parts/           | Rema                   | rks   |                  |  |                                  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  |   |                     |                        |   |                  |  |                                  |  |
| Firm or Mitchell P. Brook, Esq. (Reg. No. 32,967) Individual name LUCE, FORWARD, HAMILTON & SCRIPPS   |   |                     |                        |   |                  |  |                                  |  |
| Signature Makes Kor   |   |                     |                        |   |                  |  |                                  |  |
| Date December 27, 2004  |   |                     |                        |   |                  |  |                                  |  |
| CERTIFICATE OF TRANSMISSION/MAILING   |   |                     |                        |   |                  |  |                                  |  |
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| Typed or printed name  Gloria Davistor  |   | on                  |                        |   |                  |  |                                  |  |
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